

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587839

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
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6		/		/		
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13	/		/			
14		/		/		
15		2		/		
16	/		/			
17		/		/		
18		2		/		
19		2		/		
20		2		/		
21		(1)		/		
22		(1)		/		
23		(1)		/		
24		(1)		/		
25	/		/			
26	/		/			
27		/		/		
28		/		/		
29		2		/		
30		(1)		/		
31		(1)		/		
32		(1)		/		
33		(1)		/		
34		(1)		/		
35		(1)		/		
36		(1)		/		
37		(1)		/		
38	/		/			
39		/		/		
40		/		/		
41		2		/		
42		(1)		/		
43		(1)		/		
44		(1)		/		
45	/		/			
46	/		/			
47						
48						
49						
50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						